



## TOWN OF HOPEDALE

### Board of Health

78 Hopedale Street - P.O. Box 7

Hopedale, Massachusetts 01747

Tel: 508-634-2203 Ext. 222 Fax: 508-634-2200

## WELL DRILLER PERMIT APPLICATION

**Please print:**

### **Well Driller Information:**

Well Driller: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

D.E.M. License No. \_\_\_\_\_ Dig Safe No.: \_\_\_\_\_

### **Property Information:**

Street Location: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

### **Check Appropriate:**

- ☐ New Drinking Water Well ☐ New Irrigation Well
- ☐ Replacement of an Existing Well
- ☐ Decommission Explain on Separate Attached Sheet
- ☐ Other: Explain on Separate Attached Sheet
- ☐ Septic System Plans Have Been Approved with New Well Location
- Date of Approval: \_\_\_\_\_

### **Requirements to be attached to permit application:**

1. Plot plan or drawing – show distance to property line, septic tank and leach field, dwelling, other wells, surface or subsurface drainage, distance from road)
2. Copy of Well Driller's Certification
3. Copy of Certificate of Insurance
4. Appropriate Fee (\$150.00 – check payable to Town of Hopedale)

### **Upon completion of well, submit to Board of Health:**

1. Quality Compliance Report
2. Well Completion Report
3. Laboratory Water Testing Results

### **Upon completion of irrigation well, submit to the Board of Health:**

1. Coliform (aerobic plate count) report

**All drinking water wells need to be tested according to the standards of the Office of Research and Standards Guidelines and Massachusetts Department for Public Water Systems.**

I, the undersigned, swear that the above information is true. In addition, I accept responsibility for the well to be installed in compliance with all local and state regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_